

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 99-1
DOMESTIC VIOLENCE TREATMENT SERVICES
AUTHORIZATION AND CASE MANAGEMENT

In any case where a person is convicted of domestic violence and probation is granted, the court may require the defendant's participation in a batterer's treatment program as a condition of probation. The county's program costs for the following activities are reimbursable:

- Administration and regulation of the batterer's treatment programs (Penal Code Section 1203.097, subdivisions (c)(1), (c)(2), and (c)(5)), offset by the claimant's fee authority under Penal Code Section 1203.097, subdivision (c)(5)(B).
- Providing services for victims of domestic violence (Penal Code Section 1203.097, subdivision (b)(4)).
- Assessing the future probability of the defendant committing murder (Penal Code Section 1203.097, subdivision (b)(3)(I)).

These instructions are issued subsequent to the Commission on State Mandates' adoption of the program's parameters and guidelines and prior to the program's funding by the Legislature.

Reimbursement claims detailing the actual costs incurred for the period January 1, 1996, through June 30, 1996, and fiscal years 1996-97 and 1997-98 must be filed with the State Controller's Office. *Claims must be delivered or postmarked on or before June 25, 1999.* Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000. In order for a claim to be considered properly filed, it must include supporting documentation as specified in the instructions, substantiating the costs claimed. In addition, the functions performed by each employee for whom costs were claimed must be explained. *Claims filed more than one year after the deadline, or without supporting documentation, will not be accepted.*

Estimated claims for costs to be incurred during the 1998-99 fiscal year must also be filed by June 25, 1999. Timely filed claims will be paid before late claims.

Minimum Claim Cost

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year.

Estimated Claims

Unless otherwise specified in the claiming instructions, claimants do not have to provide cost schedules and supporting documents with the estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. The claimant can simply enter

the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the claimant must complete claim forms as specified for the program and explain the reason for increased costs. If the explanation to support the higher estimate is not provided with the claim, the claim will automatically be adjusted to 110% of the previous fiscal year's actual costs.

Reimbursement Claims

Reimbursement claims for actual increased costs must be supported by documentation providing evidence of the validity of the expenditures including, but not limited to, employee time records, invoices, receipts, contracts, and purchase orders. No claim for actual costs shall be filed without supporting documentation.

Audit of Costs

All claims submitted to the State Controller's Office are reviewed to determine if costs are related to the mandate, costs are reasonable and not excessive, and the claim was prepared in accordance with the claiming instructions. If any adjustments are made to a claim, a "Notice of Claim Adjustment," specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the State Controller's Office as deemed necessary. Accordingly, documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim.

Claim documentation shall be made available to the State Controller's Office on request.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your *Mandated Cost Manual* for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. Each year the State Controller's Office will send updates on forms as well as any other information or instructions necessary to file claims. When new program costs are claimable, instructions will be sent to claimants.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov.

Filing Deadlines for Other Mandated Programs

Estimated and reimbursement claims may also be filed for the following state-mandated programs (for which claiming instructions were issued by this office).

Claiming Instructions No. 98-9, filing deadline, February 24, 1999, for Chapter 246/95, Domestic Violence Arrest Policies and Standards.

Claiming Instructions No. 98-14, filing deadline, March 30, 1999, for three mandated cost programs: Ch. 1143/80, Regional Housing Need Determination; Ch. 1297/94, Two-Way Traffic Signal Communication; and Ch. 762/95, Sexually Violent Predators.

Request of the Commission on State Mandates

Claimants are encouraged to send (by mail, to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, CA 95814, or facsimile to 916-445-0278) a completed copy of form DVTS-1 of these claiming instructions for each of the initial year's reimbursement. Providing this information is not a condition of payment; however, this information will enable the Commission to develop a statewide cost estimate and recommend an appropriation to the Legislature for funding the mandated programs contained in these instructions.

Address for Filing Claims

Submit a signed original and a copy of form FAM-27, Claim For Payment, and a copy of all other forms and supporting documents to:

If delivery is by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivery is by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

DOMESTIC VIOLENCE TREATMENT SERVICES AUTHORIZATION AND CASE MANAGEMENT

1. Summary of Chapters 183/92, 184/92, 28/94, and 641/95

Penal Code Sections 1000.93, 1000.94, and 1000.95

Penal Code Sections 273.5, Subdivisions (e), (f), (g), (h), and (i)

Penal Code Section 1203.097

As repealed, added, or amended by Chapters 183 and 184, Statutes of 1992, Chapter 28, Statutes of 1994, Chapter 641, Statutes of 1995

Legislation provides that if an accused is convicted of a domestic violence crime and granted probation as part of sentencing, the defendant is required to successfully complete a batterer's treatment program as a condition of probation.

The Commission on State Mandates determined that probation is a penalty for conviction of a crime. The successful completion of probation is required before the unconditional release of the defendant. If the defendant fails to successfully complete a batterer's treatment program, the test claim legislation subjects the defendant to further sentencing and incarceration.

Since the Legislature changed the penalty for domestic violence crimes by changing the requirements for probation, the Commission determined that the "crimes and infractions" disclaimer in Government Code Section 17556, Subdivision (g), applies to this claim. The Commission also concluded that Subdivision (g) applies to those activities required by the test claim legislation that are directly related to the enforcement of the statute that changed the penalty for a crime.

On November 30, 1998, the Commission on State Mandates determined that the activities listed below are not directly related to the enforcement of the test claim statute under Government Code Section 17556, Subdivision (g) and, therefore, are reimbursable.

- A. Administration and regulation of batterer's treatment programs (Pen. Code § 1203.097, Subds. (c)(1), (c)(2), and (c)(5)), offset by the claimant's fee authority under Penal Code Section 1203.097, Subdivision (c)(5)(B).
- B. Providing services for victims of domestic violence (Pen. Code § 1203.097, Subd. (b)(4).
- C. Assessing the future probability of the defendant committing murder (Pen. Code § 1203.097, Subd. (b)(3)(I)).

2. Eligible Claimants

Any city, county, or city and county incurring increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

3. Appropriations

These claiming instructions are issued following the adoption of the program's parameters and guidelines by the Commission on State Mandates. Funding for payment of initial claims covering the period January 1, 1996, through June 30, 1996, and fiscal years 1996-97, 1997-98, and 1998-99 will be made available in a future appropriation act subject to approval of the Legislature and the Governor.

To determine if funding is available for the current fiscal year, refer to the schedule "Appropriations for State Mandated Cost Programs" in the *Annual Claiming Instructions for State Mandated Costs* issued in October of each year to city fiscal officers and county auditors.

4. Types of Claims

A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

B. Minimum Claim

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year.

5. Filing Deadline

A. Initial Claims

Pursuant to Government Code Section 17561, Subdivision (d)(3), initial claims must be filed within 120 days from the issuance date of claiming instructions.

Accordingly:

- (1) Reimbursement claims detailing the actual costs incurred for the period January 1, 1996, through June 30, 1996, and 1996-97 and 1997-98 fiscal years must be filed with the State Controller's Office and postmarked by June 25, 1999. If the reimbursement claim is filed after the deadline of June 16, 1999, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- (2) Estimated claims for costs to be incurred during the 1998-99 fiscal year must be filed with the State Controller's Office and postmarked by June 25, 1999. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1998-99 reimbursement claim must be filed by January 15, 2000.

B. Annually Thereafter

Refer to the item "Reimbursable State Mandated Cost Programs," contained in the cover letter for mandated cost programs issued annually in October, that identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19__/19__ Reimbursement Claim," and/or "19__/19__ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by January 15 of the fiscal year in which the costs will be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the local agency fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims refer to the

"Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which the cost will be incurred. If the claim is filed after the deadline, but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

6. Reimbursable Activities

For each eligible claimant, all direct and indirect costs of labor, supplies, services, training, and travel for the following activities only are eligible for reimbursement:

- A. Administration and regulation of batterers' treatment programs (Pen. Code § 1203.097, Subds. (c)(1), (c)(2), and (c)(5)) offset by the claimant's fee authority under Penal Code Section 1203.097, Subdivision (c)(5)(B).
 1. Development of an approval and annual renewal process for batterers' programs not previously claimed under former Penal Code Sections 1000.93 and 1000.95 (one-time activity).
 - a. Meeting and conferring with and soliciting input from criminal justice agencies and domestic violence victim advocacy programs.
 - b. Staff training regarding the administration and regulation of batterers' treatment programs (once for each employee performing the mandated activity).
 2. Processing of initial and annual renewal approvals for vendors, including:
 - a. application review;
 - b. on-site evaluations; and
 - c. notification of application approval, denial, suspensions, or revocation.
- B. Victim Notification (Pen. Code § 1203.097, Subd. (b)(4)).
 1. The probation department shall attempt to:
 - a. Notify victims regarding the requirement for the defendant's participation in a batterer's program.
 - b. Notify victims regarding available victim resources.
 - c. Inform victims that attendance in any program does not guarantee that an abuser will not be violent.
 2. Staff training on the following activities:
 - a. Notify victims regarding the requirement for the defendant's participation in a batterer's program and inform victims that attendance does not guarantee that an abuser will not be violent (once for each employee performing the mandated activities).
 - b. Notify victims regarding available victims resources (once-a-year training for each employee performing the mandated activity).
- C. Assessing the future probability of the defendant committing murder (Pen. Code § 1203.097, Subd. (b)(3)(I)).
 1. Evaluation and selection of a homicidal risk assessment instrument.
 2. Purchasing or developing a homicidal risk assessment instrument.

3. Training staff on the use of the homicidal risk assessment instrument.
4. Evaluation of the defendant using the homicidal risk assessment instrument, interviews, and investigation to assess the future probability of the defendant committing murder.

In the event a local agency obtains a new homicidal risk instrument, documentation substantiating the improved value of the new instrument is required to be provided with the claim.

7. Reimbursement Limitations

Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only the net local cost is claimed.

8. Claiming Forms and Instructions

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer-generated report in substitution for forms DVTS-1 and DVTS-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

A. Form DVTS-2, Component/Activity Cost Detail

This form is used to segregate the detailed costs by claim component. A separate form DVTS-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee(s) and/or show the classification of the employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance, and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities which the employee performs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(2) Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the pro rata portion used to comply with this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant.

Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents providing evidence of the validity of the expenditures.

(3) Contract Services

Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents providing evidence of the validity of the expenditures.

(4) Equipment

Compensation for fixed asset costs are reimbursable utilizing the procedure provided in the Office and Management Budget Circular A-87 (OMB A-87).

Example: Compensation for the use of equipment. The claimant may be compensated for the equipment use through a use allowance or depreciation. A use allowance may be computed at an annual rate not to exceed 6 2/3% of acquisition cost. This is reported and claimed through the agency's service-wide cost allocation plan under the cost element "Use Allowance." Where a depreciation method is followed, adequate property records must be maintained and any generally accepted method of computing depreciation may be used. However, the method of computing depreciation must be consistently applied for any specific class of assets for all affected programs.

List the cost of equipment acquired specifically for the purpose of this mandate. If the equipment is acquired for the subject state mandate, but is utilized in some way not directly related to the program, only the pro-rated portion of the equipment that is used for purposes of the program is reimbursable.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents providing evidence of the validity of the purchases.

(5) Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name(s) of the traveler(s), purpose of travel, inclusive travel dates, destination points, and costs.

Source documents required to be maintained by the claimant may include, but are not limited to, receipts, employee travel expense claims, and other documents providing evidence of the validity of the expenditures.

(6) Training

Only the cost of a reasonable number of employees attending the training is reimbursable. Give the class title, dates, location, and name(s) of the employee(s) attending training associated with the mandate. Reimbursable costs include salaries and benefits for time spent, the registration fee, transportation, lodging, and per diem. Reimbursement for travel expenses, lodging, and per diem shall not

exceed those rates which are applicable to state employees. Refer to the Appendix "State of California Travel Expense Guidelines."

Source documents may include, but are not limited to, employee travel expense claims, receipts, and other documents providing evidence of the training expenses.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds were appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

B. Form DVTS-1, Claim Summary

This form is used to summarize direct costs by cost component and compute allowable indirect costs for the mandate. Direct costs summarized on this form are derived from form DVTS-2 and carried forward to form FAM-27.

Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is involved in the mandated program, each department must have its own ICRP.

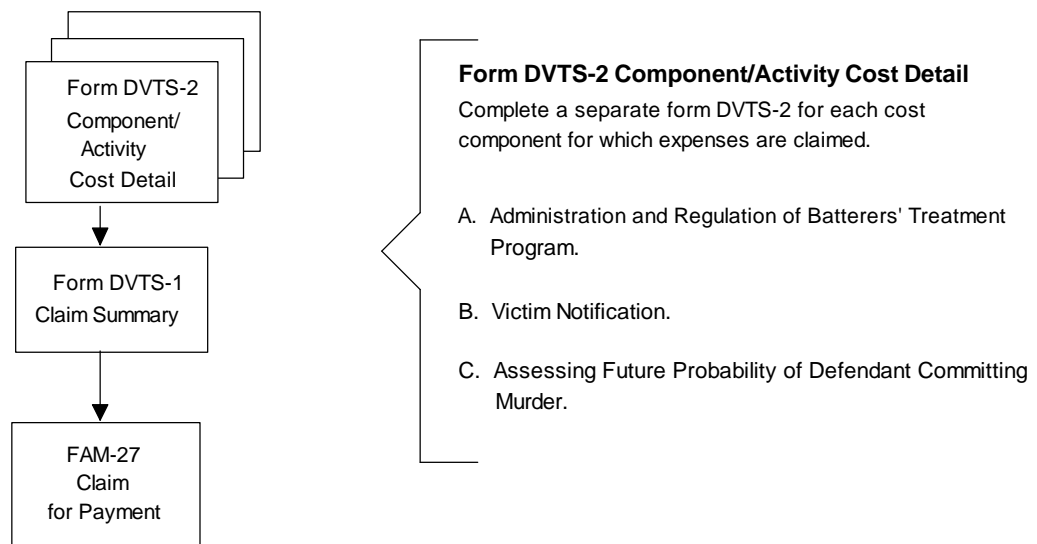
C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form DVTS-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

D. Cost Accounting Statistics

The Commission on State Mandates requests that claimants send a copy of form DVTS-1 for each of the initial year's reimbursement claims by mail to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, CA 95814, or by facsimile, (916) 445-0278. Although providing this information is not a condition of payment, claimants are encouraged to provide this information to enable the Commission to develop a statewide cost estimate and recommend an appropriation to the Legislature.

Illustration of Claim Forms



CLAIM FOR PAYMENT			For State Controller Use Only	
Pursuant to Government Code Section 17561 DOMESTIC VIOLENCE TREATMENT SERVICES AUTHORIZATION AND CASE MANAGEMENT			(19) Program Number 00177 (20) Date File _____/_____/_____ (21) LRS Input _____/_____/_____	
L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data	
	(02) Mailing Address		(22) DVTS-1, (03)(a)	
	Claimant Name		(23) DVTS-1, (03)(b)	
	County of Location		(24) DVTS-1, (04)(1)(f)	
	Street Address or P. O. Box		(25) DVTS-1, (04)(2)(f)	
	City	State	Zip Code	(26) DVTS-1, (04)(3)(f)
Type of Claim	Estimated Claim	Reimbursement Claim	(27) DVTS-1, (06)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(28)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)	
Fiscal Year of Cost	(06) 19____/19____	(12) 19____/19____	(31)	
Total Claimed Amount	(07)	(13)	(32)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(33)	
Less: Estimated Claim Payment Received		(15)	(34)	
Net Claimed Amount		(16)	(35)	
Due from State	(08)	(17)	(36)	
Due to State		(18)	(37)	
(38) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapters 183 and 184, Statutes of 1992, Chapter 28, Statutes of 1994, Chapter 641, Statutes of 1995, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapters 183 and 184, Statutes of 1992, Chapter 28, Statutes of 1994, and Chapter 641, Statutes of 1995. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapters 183 and 184, Statutes of 1992, Chapter 28, Statutes of 1994, and Chapter 641, Statutes of 1995, set forth on the attached statements. Signature of Authorized Representative _____ Date _____ _____ _____ _____				
(39) Name of Contact Person for Claim _____			Telephone Number (_____) _____ Ext. _____	

DOMESTIC VIOLENCE TREATMENT SERVICES - AUTHORIZATION AND CASE MANAGEMENT**Certification Claim Form****Instructions****FORM
FAM-27**

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form DVTS-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form DVTS-1, line (11).
- (14) Filing Deadline. Initial Claims of Chs. 183/92, 184/92, 28/94, 641/95 If the reimbursement claim for the period 1/1/96 to 6/30/96, 1996-97, or 1997-98 fiscal year is filed after June 25, 1999, the claim must be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- Filing Deadline. Annually Thereafter. If the reimbursement claim is filed after January 15 following the fiscal year in which costs were incurred, the claim must be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and have previously filed an estimated claim for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17), Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (37) for the reimbursement claim e.g. DVTS-1 (03)(a), means the information is located on form DVTS-1, line (03)(a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, (i.e., no cents). Indirect costs percentage should be shown as a whole number and without the percent symbol (i.e., 35% should be shown as 35). Completeness will expedite the payment process.
- (38) Read the statement "Certification of Claim." If its true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name of the person and telephone number that this office should contact if additional information is required.

SUBMIT A SIGNED ORIGINAL AND ONE COPY OF FORM FAM-27, AND ONE COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816**

MANDATED COSTS DOMESTIC VIOLENCE TREATMENT SERVICES - AUTHORIZATION AND CASE MANAGEMENT CLAIM SUMMARY						FORM DVTS-1	
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>					Fiscal Year 19__/19__	
(03) (a) Number of vendor applications reviewed during the fiscal year of claim							
(b) Number of domestic violence cases for which the victim was notified pursuant to Penal Code Section 1203.097(b)(4) during the fiscal year of claim							
Direct Costs							
(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Services and Supplies	(d) Training and Travel	(e) Fixed Assets	(f) Total	
1. Administration and Regulation of Batterers' Treatment Programs							
2. Victim Notification							
3. Assessing Future Probability of Defendant Committing Murder							
(05) Total Direct Costs							
Indirect Costs							
(06) Indirect Cost Rate						[From ICRP] %	
(07) Total Indirect Costs						[Line (06) x line (05)(a)] or [line (06) x {line (05)(a) + line (05)(b)}]	
(08) Total Direct and Indirect Costs						[Line (05)(f) + line (07)]	
Cost Reduction							
(09) Less: Offsetting Savings, if applicable							
(10) Less: Amount Received from Penal Code § 1203.097(c)(5)(B) and Other Applicable Reimbursements							
(11) Total Claimed Amount						[Line (08) - {Line (09) + Line (10)}]	

DOMESTIC VIOLENCE TREATMENT SERVICES - AUTHORIZATION AND CASE MANAGEMENT**CLAIM SUMMARY****Instructions****FORM
DVTS-1**

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form DVTS-1 must be filed for a reimbursement claim. Do not complete form DVTS-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form DVTS-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Enter the number of vendor applications that were reviewed during the fiscal year of claim.
(b) Enter the number of domestic violence cases for which the victim was notified pursuant to Penal Code Section 1203.097(b)(4) during the fiscal year of claim.
- (04) Reimbursable Components. For each reimbursable component, enter the totals from form DVTS-2, line (05), columns (d) through (h) to form DVTS-1, block (04) columns (a) through (e) in the appropriate row. Total the rows.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs, each must have their own ICRP.
- (07) Total Indirect Costs. Multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (06).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from Penal Code Section 1203.097(c)(5)(B), including but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

MANDATED COSTS DOMESTIC VIOLENCE TREATMENT SERVICES - AUTHORIZATION AND CASE MANAGEMENT COMPONENT/ACTIVITY COST DETAIL							FORM DVTS-2	
(01) Claimant				(02) Fiscal Year Costs Were Incurred				
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.								
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input style="width: 40px; height: 20px; margin-bottom: 5px;" type="checkbox"/> Administration and Regulation of Batterers' Treatment Programs <input style="width: 40px; height: 20px; margin-bottom: 5px;" type="checkbox"/> Victim Notification </div> <div style="width: 45%;"> <input style="width: 40px; height: 20px; margin-bottom: 5px;" type="checkbox"/> Assessing Future Probability of Defendant Committing </div> </div>								
(04) Description of Expenses: Complete columns (a) through (h).				Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Services and Supplies	(g) Travel and Training	(h) Equipment	
(05) Total <input style="width: 40px; height: 20px;" type="text"/> Subtotal <input style="width: 40px; height: 20px;" type="text"/> Page: _____ of _____								

DOMESTIC VIOLENCE TREATMENT SERVICES - AUTHORIZATION AND CASE MANAGEMENT

COMPONENT/ACTIVITY COST DETAIL

Instructions

FORM
DVTS-2

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year in which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form DVTS-2 shall be prepared for each component which applies.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in line (03), enter the employee's name, position title, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, training and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial claim at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Subobject Accounts	Columns							(h)	Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)		
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours					
Benefits	Title								
	Activities	Benefit Rate			Benefits = Benefit Rate x Salaries				
Services and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used			
Contracted Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Itemized Cost of Services Performed			Invoices
Travel and Training	Purpose of Trip	Per Diem Rate	Days Miles				Rate x Days or Miles Total Transportation Cost		
Travel	Name and Title	Mileage Rate	Transportation Mode						
Training	Employee Name & Title Name of Class		Dates Attended				Registration Fee		
Equipment	Description of Equipment Purchased Equipment ID	Unit Cost	Quantity Used					Itemized Cost of Equipment	Invoice

- (05) Total line (04), columns (d), (e), (f), (g), and (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed for the component/activity, number each page. Enter totals from line (05), columns (d), (e), (f), (g), and (h) to form DVTS-1, block (04), columns (a), (b), (c), (d), and (e) in the appropriate row.